



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	95402	Employer's ID Number	05-0477052
Organized under the Laws of	Rhode Island		State of Domicile or Port of Entry	RI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	12/09/1993		Commenced Business	12/01/1994		
Statutory Home Office	910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office			910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>	
Mail Address	910 Douglas Pike <small>(Street and Number or P.O. Box)</small>		910 Douglas Pike <small>(Street and Number)</small>		(401)459-6000 <small>(Area Code) (Telephone Number)</small>	
Primary Location of Books and Records			910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>	
Internet Website Address	http://www.nhpri.org/				(401)459-6000 <small>(Area Code) (Telephone Number)</small>	
Statutory Statement Contact	Joanne Roux <small>(Name)</small>				(401)459-6118 <small>(Area Code)(Telephone Number)(Extension)</small>	
	jroux@nhpri.org <small>(E-Mail Address)</small>				(401)459-6043 <small>(Fax Number)</small>	

OFFICERS

Name	Title
Peter Marino	Chief Executive Officer
Frank Meaney	Chief Financial Officer
Peter Lymm	Chief Operating Officer
Marylou Buyse	Chief Medical Officer #

OTHERS

Peter Bancroft, Chairman	Jane Hayward, Vice Chairman
Brenda Dowlatshahi, Secretary	Merrill Thomas, Treasurer

DIRECTORS OR TRUSTEES

Merrill Thomas	Brenda Dowlatshahi
Raymond Joseph Lavoie Jr.	Christopher Little Esq.
Pablo Rodriguez MD	Jane Hayward
Peter Bancroft CPA	Doris De Los Santos
Jeanne LaChance	William Hochstrasser-Walsh

State of Rhode Island
County of Providence ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ <small>(Signature)</small> Peter Marino <small>(Printed Name)</small> 1. Chief Executive Officer <small>(Title)</small>	_____ <small>(Signature)</small> Frank Meaney <small>(Printed Name)</small> 2. Chief Financial Officer <small>(Title)</small>	_____ <small>(Signature)</small> Peter Lymm <small>(Printed Name)</small> 3. Chief Operating Officer <small>(Title)</small>
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Subscribed and sworn to before me this _____ day of _____, 2019

- a. Is this an original filing? Yes[X] No[]
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Dennis Roy
Richard Besdine MD
Gary Furtado
Alison Croke #

Patricia Martinez
Peter Marino
Keith Oliveira

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	43,448	154,081	145,352	1,145,074	1,145,074	342,881
0299998 Premiums due and unpaid not individually listed	76,583	26,524	5,659	45,195	45,195	108,765
0299999 TOTAL Group	76,583	26,524	5,659	45,195	45,195	108,765
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	8,797,714	1,621,418	1,732,681	23,695,852		35,847,664
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	8,917,745	1,802,023	1,883,692	24,886,121	1,190,269	36,299,310

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Perform Rx	1,118,756	1,118,756	1,118,756	4,395,182	4,395,182	3,356,268
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,118,756	1,118,756	1,118,756	4,395,182	4,395,182	3,356,268
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
Loans and Advances to Providers						
Prospect Chartercare RWMC, LLC				500,000	74,775	425,225
Newport County Community Mental Health Center				90,000	90,000	
0399998 Loans and Advances to Providers - Not Individually Listed				55,000	44,730	10,270
0399999 Subtotal - Loans and Advances to Providers				645,000	209,505	435,495
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Stop Loss A/R from RI EOHHS				9,107,161		9,107,161
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables				9,107,161		9,107,161
0799999 Gross health care receivables	1,118,756	1,118,756	1,118,756	14,147,343	4,604,687	12,898,924

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	6,360,128	5,446,532	(71,726)	7,823,176	6,288,402	6,331,132
2. Claim overpayment receivables						
3. Loans and advances to providers	945,503		645,000		1,590,503	1,590,503
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables		7,947,656	7,542,901	1,564,260	7,542,901	2,330,476
7. TOTALS (Lines 1 through 6)	7,305,631	13,394,188	8,116,175	9,387,436	15,421,806	10,252,111

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	15,918,154	575,458	30,874	(23,279)	(328,061)	16,173,146
0499999 Subtotals	15,918,154	575,458	30,874	(23,279)	(328,061)	16,173,146
0599999 Unreported claims and other claim reserves						113,512,006
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						129,685,152
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,442,239

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15,166,967	1.186	193,920	100.000		15,166,967
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	15,166,967	1.186	193,920	100.000		15,166,967
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,262,523,452	98.710	X X X	X X X		1,262,523,452
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	1,335,840	0.104	X X X	X X X		1,335,840
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	1,263,859,292	98.814	X X X	X X X		1,263,859,292
13. TOTAL (Line 4 plus Line 12)	1,279,026,259	100.000	X X X	X X X		1,279,026,259

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	2,039,161	165,738	1,729,298	475,602	475,602	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment	1,325,669	84,306	1,146,930	263,045	263,045	.....
6. TOTAL	3,364,830	250,044	2,876,228	738,647	738,647	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	199,639	16,472	883						182,284	
2. First Quarter	207,101	23,227	1,022						182,852	
3. Second Quarter	206,667	23,565	1,076						182,026	
4. Third Quarter	204,433	23,581	1,175						179,677	
5. Current Year	193,920	22,641	1,173						170,106	
6. Current Year Member Months	2,440,879	276,859	13,001						2,151,019	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	7,754,601	498,322	18,907						7,237,372	
8. Non-Physician	1,061,119	87,931	2,864						970,324	
9. TOTAL	8,815,720	586,253	21,771						8,207,696	
10. Hospital Patient Days Incurred	1,400,948	7,791	337						1,392,820	
11. Number of Inpatient Admissions	81,679	1,590	75						80,014	
12. Health Premiums Written (b)	1,377,464,664	96,914,254	4,359,863						1,276,190,547	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,377,464,664	96,914,254	4,359,863						1,276,190,547	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,283,008,494	60,948,358	2,562,638						1,219,497,498	
18. Amount Incurred for Provision of Health Care Services	1,244,045,869	61,410,195	2,748,208						1,179,887,466	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	199,639	16,472	883						182,284	
2. First Quarter	207,101	23,227	1,022						182,852	
3. Second Quarter	206,667	23,565	1,076						182,026	
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6. Current Year Member Months	2,440,879	276,859	13,001						2,151,019	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	7,754,601	498,322	18,907						7,237,372	
8. Non-Physician	1,061,119	87,931	2,864						970,324	
9. TOTAL	8,815,720	586,253	21,771						8,207,696	
10. Hospital Patient Days Incurred	1,400,948	7,791	337						1,392,820	
11. Number of Inpatient Admissions	81,679	1,590	75						80,014	
12. Health Premiums Written (b)	1,377,464,664	96,914,254	4,359,863						1,276,190,547	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,377,464,664	96,914,254	4,359,863						1,276,190,547	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,283,008,494	60,948,358	2,562,638						1,219,497,498	
18. Amount Incurred for Provision of Health Care Services	1,244,045,869	61,410,195	2,748,208						1,179,887,466	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
27855	36-2781080	01/01/2018	ZURICH AMER INS CO OF IL	IL	2,002,705	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					2,002,705	
2199999 Total - Accident and Health - Non-Affiliates					2,002,705	
2299999 Total - Accident and Health					2,002,705	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,002,705	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					2,002,705	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance	
										11 Current Year	12 Prior Year			
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
27855	36-2781080	01/01/2018	ZURICH AMER INS CO OF IL	IL	SSL/G	CMM	13,255							
27855	36-2781080	01/01/2018	ZURICH AMER INS CO OF IL	IL	SSL/I	CMM	278,455							
27855	36-2781080	01/01/2018	ZURICH AMER INS CO OF IL	IL	SSL/I	MC	3,484,421							
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,776,131							
1099999 Total - General Account - Authorized - Non-Affiliates							3,776,131							
1199999 Total - General Account Authorized							3,776,131							
3499999 Total - General Account - Authorized, Unauthorized and Certified							3,776,131							
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,776,131							
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)														
9999999 Total (Sum of 3499999 and 6899999)							3,776,131							

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	292	235	640	1,137	62
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	3,484	2,034	2,649	4,294	3,212
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	4,570	2,310	4,070	2,010	2,265
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					24
8. Reinsurance recoverable on paid losses	2,003	1,085	1,293	1,081	839
9. Experience rating refunds due or unpaid					529
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	247,628,591		247,628,591
2. Accident and health premiums due and unpaid (Line 15)	50,856,312		50,856,312
3. Amounts recoverable from reinsurers (Line 16.1)	2,002,705	(2,002,705)	
4. Net credit for ceded reinsurance	X X X	2,002,705	2,002,705
5. All other admitted assets (Balance)	33,393,882		33,393,882
6. TOTAL Assets (Line 28)	333,881,490		333,881,490
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	129,685,152		129,685,152
8. Accrued medical incentive pool and bonus payments (Line 2)	1,442,239		1,442,239
9. Premiums received in advance (Line 8)	72,909,685		72,909,685
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	28,278,124		28,278,124
15. TOTAL Liabilities (Line 24)	232,315,200		232,315,200
16. TOTAL Capital and Surplus (Line 33)	101,566,289	X X X	101,566,289
17. TOTAL Liabilities, Capital and Surplus (Line 34)	333,881,489		333,881,489
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	2,002,705		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	2,002,705		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	2,002,705		

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE

40 Schedule Y - Part 1 NONE

41 Schedule Y - Part 1A NONE

42 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|-----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



9540220183600000 2018 Document Code: 360

Health Life Supplement - March



9540220182050000 2018 Document Code: 205

Schedule SIS



9540220184200000 2018 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9540220183710000 2018 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9540220183700000 2018 Document Code: 370

Medicare Part D Coverage Supplement



9540220183650000 2018 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



9540220182240000 2018 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



9540220182250000 2018 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95402201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



95402201830600000

2018

Document Code: 306

Health Life Supplement - April



95402201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



95402201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95402201830000000

2018

Document Code: 300

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Deposits	4,404,504	4,404,504		
2505. Other Receivables	797	797		
2506. Medical Cost Action Savings	3,982,236		3,982,236	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	8,387,537	4,405,301	3,982,236	

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Other Miscellaneous Expenses (Income)	168,667	(85,068)	(83,599)		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	168,667	(85,068)	(83,599)		

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Deposits	4,404,504	91,504	(4,313,000)
2505. Other Receivables	797	107,989	107,192
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	4,405,301	199,493	(4,205,808)

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